PATENT

Docket No. 2207/6843

MAY 0 8 2000

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint invent if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

METHOD AND APPARATUS FOR PERFORMING DISTRIBUTED SIMULATION UTILIZING A SIMULATION BACKPLANE

the specification of which is attached hereto unless the following is entered:

| was filed on | as United States Application Number or PCT International Application Number | and was amended on (if applicable) | |
|--------------|--|------------------------------------|--|
| | | | |

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under 35 USC §119(a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

| Application Number | Country | Filing Date (day/month/year) | Priority Not Claimed |
|--------------------|---------|------------------------------|----------------------|
| | | | |

PROVISIONAL APPLICATION(S)

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

| Application Number | 4. | Filing Date | |
|--------------------|----|-------------|--|
| | | | |

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Paul H. Heller (Reg. No. 21,074); John C. Altmiller (Reg. No. 25,951); Shawn W. O'Dowd (Reg. No. 34,687); Earl D. Brown, Jr. (Reg. No. 44,042) of KENYON & KENYON with offices located at 1500 "K" Street NW, Suite 700, Washington, DC, 20005-1257, telephone (202) 220-4200, at 333 W. San Carlos Street, Suite 600, San Jose, CA, 95110-2711, telephone (408) 975-7500; and at One Broadway, New York, NY 10004, telephone (212)-425-7200;

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<u>PATENT</u> Docket No. 2207/6843

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Cont.)

| EARL BROWN (212) 908-6143 | | KENYON & KENYON 333 W. San Carlos, Street, Suite 600 San Jose, CA 95110-2711 | |
|--|---|---|--|
| at these statements were made wi nt, or both, under §1001 of Title 18 | ith the knowledge that willful fals 3 of the United States Code and f | e statements and the like so made are | |
| Last Name KHAIRA | First Name MANPREET | Middle Name S. | |
| City PORTLAND | State or Country OREGON | Country of Citizenship INDIA | |
| Street 6245 N.W. 152 ND PLACE | City PORTLAND | State or Country & Zip Code OR 97229 | |
| S. Klana | Date 25th M | ach'oo | |
| Last Name SEILIGMAN | First Name ERIK | Middle Name M. | |
| City BEAVERTON | State or Country OREGON | Country of Citizenship UNITED STATES | |
| Street 1885 N.W. ROLLING HILL DRIVE | City BEAVERTON | State or Country & Zip Code OR 97006 | |
| | Date | | |
| Last Name CASAS | First Name JEREMY | Middle Name S. | |
| City PORTLAND | State or Country OREGON | Country of Citizenship PHILIPPINES | |
| Street 5000 N.W. 177 TH AVENUE | City PORTLAND | State or Country & Zip Code OR 97229 | |
| Signature | | | |
| Last Name OTTO | First Name STEVE | Middle Name W. | |
| City PORTLAND | State or Country OREGON | Country of Citizenship UNITED STATES | |
| Street 2359 N.W. GLISAN | City PORTLAND | State or Country & Zip Code OR 97210 | |
| | at these statements were made wint, or both, under §1001 of Title 18 cation or any patent issuing thereo Last Name KHAIRA City PORTLAND Street 5245 N.W. 152ND PLACE Last Name SEILIGMAN City BEAVERTON Street 1885 N.W. ROLLING HILL DRIVE Last Name CASAS City PORTLAND Street 5000 N.W. 177TH AVENUE Last Name OTTO City PORTLAND Street | ts made herein of my own knowledge are true and all statements in at these statements were made with the knowledge that willful fals in, or both, under §1001 of Title 18 of the United States Code and scation or any patent issuing thereon. Last Name KHAIRA First Name MANPREET. City PORTLAND State or Country OREGON Street 5245 N.W. 152 ND PLACE PORTLAND Last Name First Name ERIK City BEAVERTON State or Country OREGON Street 1885 N.W. ROLLING HILL DRIVE Last Name First Name JEREMY City BEAVERTON State or Country OREGON Street 1885 N.W. ROLLING HILL DRIVE Last Name CASAS JEREMY City State or Country OREGON Street 5000 N.W. 177 TH AVENUE Last Name First Name JEREMY City PORTLAND Street State or Country OREGON Street City State or Country OREGON Street City State or Country OREGON Street City State or Country OREGON | |

| 268 S. W. 212 TH AVENUE ALOHA OR 97006 | Full name of fifth inventor | Last Name JOSHI | First Name MANDAR | Middle Name S. |
|---|-----------------------------|--------------------|----------------------|--------------------------------------|
| 268 S. W. 212 TH AVENUE ALOHA OR 97006 | Residence | | | |
| Signature Date | Post Office Address | | | State or Country & Zip Code OR 97006 |
| | Signature | | Date | |

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Page 1 of 3

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Cont.)

Direct telephone calls to:

EARL BROWN
(212) 908-6143

KENYON & KENYON
333 W. San Carlos, Street, Suite 600
San Jose, CA 95110-2711

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

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|-------------------------------------|--|-------------------------|--------------------------------------|--|
| Full name of first or sole inventor | Last Name KHAIRA | First Name MANPREET | Middle Name S. | |
| Residence | City PORTLAND | State or Country OREGON | Country of Citizenship INDIA | |
| Post Office Address | Street 5245 N.W. 152 ND PLACE | City PORTLAND | State or Country & Zip Code OR 97229 | |
| Signature | | Date | | |
| Full name of second inventor | Last Name SELIGMAN | First Name ERIK | Middle Name M. | |
| Residence | City BEAVERTON | State or Country OREGON | Country of Citizenship UNITED STATES | |
| Post Office Address | Street 1885 N.W. ROLLING HILL DRIVE | City BEAVERTON | State or Country & Zip Code OR 97006 | |
| Signature | E R | Date 3/15/2000 | 2 | |
| Full name of third inventor | Last Name CASAS | First Name JEREMY | Middle Name S. | |
| Residence | City PORTLAND | State or Country OREGON | Country of Citizenship PHILIPPINES | |
| Post Office Address | Street 5000 N.W. 177 TH AVENUE | City PORTLAND | State or Country & Zip Code OR 97229 | |
| Signature | | Date | | |
| Full name of fourth inventor | Last Name OTTO | First Name STEVE | Middle Name W. | |
| Residence | City PORTLAND | State or Country OREGON | Country of Citizenship UNITED STATES | |
| Post Office Address | Street 2359 N.W. GLISAN | City PORTLAND | State or Country & Zip Code OR 97210 | |
| Signature | | Date | | |
| | | | | |

Page 2 of 3

| Full name of fifth inventor | Last Name | First Name | Middle Name |
|-----------------------------|-----------|------------|-------------|
| | | | |

| , , , | JOSHI | MANDAR | S. |
|---------------------|---|-------------------------|--------------------------------------|
| Residence | City ALOHA | State or Country OREGON | Country of Citizenship INDIA |
| Post Office Address | Street 268 S. W. 212TH AVENUE | City ALOHA | State or Country & Zip Code OR 97006 |
| Signature | | Date | |



<u>PATENT</u> Docket No. 2207/6843

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I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

| <u> </u> | | | |
|-------------------------------------|--|----------------------------|---|
| Full name of first or sole inventor | Last Name KHAIRA | First Name MANPREET | Middle Name S. |
| Residence | City PORTLAND | State or Country OREGON | Country of Citizenship INDIA |
| Post Office Address | Street 5245 N.W. 152 ND PLACE | City PORTLAND | State or Country & Zip Code OR 97229 |
| Signature | | Date | |
| Full name of second inventor | Last Name SEILIGMAN | First Name ERIK | Middle Name M. |
| Residence | City BEAVERTON | State or Country OREGON | Country of Citizenship UNITED STATES |
| Post Office Address | Street 1885 N.W. ROLLING HILL DRIVE | City BEAVERTON | State or Country & Zip Code OR 97006 |
| Signature | | Date | |
| Full name of third inventor | Last Name CASAS | First Name JEREMY | Middle Name S. |
| Residence | City PORTLAND | State or Country OREGON | Country of Citizenship PHILIPPINES |
| Post Office Address | Street 5000 N.W. 177 TH AVENUE | City PORTLAND | State or Country & Zip Code OR 97229 |
| Signature | Coro | Date 3/16/2000 | |
| Full name of fourth inventor | Last Name OTTO | First Name STEVE | Middle Name W. |
| Residence | City PORTLAND | State or Country OREGON | Country of Citizenship UNITED STATES |
| Post Office Address | Street 2359 N.W. GLISAN | City PORTLAND | State or Country & Zip Code OR 97210 |
| Signature | | Date | |

| Full name of fifth inventor | Last Name JOSHI | First Name MANDAR | Middle Name S. |
|-----------------------------|---|-------------------------|--------------------------------------|
| Residence | City ALOHA | State or Country OREGON | Country of Citizenship INDIA |
| Post Office Address | Street 268 S. W. 212 [™] AVENUE | City ALOHA | State or Country & Zip Code OR 97006 |
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| Signature Skunl |) (H | Date 3-29- | 00 |

| Full name of fifth inventor | Last Name JOSHI | First Name MANDAR | Middle Name S. |
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Cont.)

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I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

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